

preferences questionnaire was elaborated in a pilot study: treatment mode of administration, time spent in hospital for administration, immediate toxicity, and level of symptoms control; distributed in 9 hypothetical scenarios. Second line NSCLC patients were asked to score by preferred scenario, through the conjoint analysis method. Socio-demographic, clinical and health-related quality of life (RSCL) characteristics were collected and linear regression models were performed. **RESULTS:** A total of 172 patients were enrolled. Mean (SD) age 61.9 (10.5) years. Seventy-five percent were men, 84.8% in NSCLC stage IV, 50% ECOG 1 20.3% of patients received cisplatin + gemcitabine in first line, 30.8% showed treatment's adverse reactions and 52.9% were scheduled to erlotinib as second line. Psychological symptoms' was the most affected RSCL dimension. The ICC of questionnaire's scenarios was assessed (0.55–0.88). The most preferred attribute was symptoms' control and the most preferred scenario was: oral administration, no time spent in hospital, low toxicity and total symptoms' control (G scenario). Patients who started oral administration vs patients who started intravenous administration, gave more utility/importance to the attributes 'treatment administration' (0.30 vs –0.12) and 'time spent in hospital' (0.62 vs 0.45). Psychological and daily functioning affection, ECOG 1-2 and adverse reactions in first line were related to G scenario. **CONCLUSIONS:** The most valued attributes by advanced NSCLC patients are moderate-total symptoms' control and oral administration. Patients with worst functional status and psychological affection preferred total symptoms' control, oral administration, no time spent in hospital and low toxicity. Treatment preference's questionnaire showed utility, feasibility and reliability for treatment decisions, allowing physicians to explore patients' preferences before initiating treatment.

PCN89**RACE AND SHARED DECISION MAKING AMONG PROSTATE CANCER PATIENTS, FAMILY MEMBERS AND PHYSICIANS**

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OBJECTIVES: To evaluate whether shared decision making in treatment selection for cancer differs by race. **METHODS:** Newly diagnosed local stage prostate cancer patients and their family members were recruited following biopsy but prior to initiating treatment at urology practices in three states to participate in a take-home survey. **RESULTS:** A total of 192 family pairs completed surveys. In 14% of the family pairs, at least one subject was black, 13% had a Hispanic member, and 66% had no minority members. Discussions between patients and family members about treatment options occurred "very" often among 26% of black families, 30% of Hispanic families, 52% of white families ($p = 0.06$). Patients reported differences by race in how extensively physicians involved them (60% among blacks, 79% among Hispanics, and 49% among whites, $p = 0.04$). 91% of family members reported attending physician visits with the patient; 66% indicated their role was to help the patient make a treatment choice, 72% reported the physician involved them in the decision process, and 61% reported "excellent" satisfaction with the patient's doctor with no significant differences by race. In multivariate analyses, family members who perceived that the

patient's physician did not involve them were significantly less likely to be highly satisfied (OR = 0.22, 95% CI 0.10–0.48). **CONCLUSIONS:** Family members of all races often attended clinic visits and discussed treatment options with physicians. Compared to whites, black and Hispanic patients, but not family members, reported more encouragement by physicians to be involved in the decision process. Black and Hispanic families were less likely to discuss treatment options among themselves. Family member satisfaction was dependent on their perception of whether the physician involved them in the decision process. Race may be less of a factor when physicians involve patients and family members extensively in the treatment decision making process.

PCN90

DEVELOPMENT OF AN EFFECTIVE HOME PALLIATIVE CARE SYSTEM ADOPTING A MULTIDISCIPLINARY TEAM APPROACH—SATISFACTION OF THE PATIENTS' FAMILY FOR THE DOMICILIARY PALLIATIVE CARE "OKAYAMA" MODEL

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OBJECTIVES: "Domiciliary palliative care 'OKAYAMA' model" in which specialist palliative care team cooperates with primary care team, is attracting attention to promote a home palliative care service in Japan. To evaluate the outcome of this "OKAYAMA model", we investigated the satisfaction of the patients' family who received the home palliative care service by this model. **METHODS:** A survey form consisting of 20 items from the FAMCARE Scale was then sent to 83 surviving family members of patients who had received care under this "OKAYAMA" palliative care model. The study plan was reviewed and approved by an ethics committee. **RESULTS:** The mean score for the survey was 3.94 ± 0.19 points (out of a possible 5). Responses of "satisfied" or better were received by more than 50% of respondents for nearly all items. The ratings were high for "pain relief," "answers from health professionals," "availability of doctors to the family," "doctor's attention to the patient's description of symptoms," and "availability of the doctor to the patient." A positive assessment was made for time spent and efforts made to respond to the desires of patients' families following the conclusion of pain control prior to home palliative care. Conversely, issues remain in items such as "availability of a hospital bed." Four factors were identified in a factor analysis of the FAMCARE Scale: "adequate amount of information," "attitude of medical personnel," "education and support system for families," and "emergency responses." Only 44% of respondents were satisfied with the care provided by the respondents themselves as a family member, suggesting the need for environmental improvements to ease the burden on families. **CONCLUSIONS:** The results of this study help us to develop an appropriate model for a home palliative care system using a multidisciplinary team approach.

PCN91

TREATMENT PREFERENCE AND WILLINGNESS-TO-PAY (WTP) FOR METHYLNALTREXONE, A NOVEL PERIPHERAL OPIOID ANTAGONIST FOR OPIOID INDUCED CONSTIPATION

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OBJECTIVES: To elicit treatment preference and WTP for Methylnaltrexone, a novel peripheral opioid antagonist versus existing